

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2021
NAME OF PROVIDER OR SUPPLIER BROWN DEER PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 1ST AVE N CORALVILLE, IA 52241		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>Number of tenants without cognitive disorder: 1 Number of tenants with cognitive disorder: 18</p> <p>TOTAL Census of Assisted Living Program for People with Dementia : 19</p> <p>There were no regulatory insufficiencies cited during the onsite infection control survey completed on 2/23/2021.</p> <p>There were no regulatory insufficiencies cited during the investigation into Complaint #92892-C. The following regulatory insufficiencies were cited during the investigation into Complaints #91579-C, #94972-C and Incident #95191-I.</p>	A 000	<p>See Attached</p> <p>POC</p> <p>4/30/21</p>	
A 013	<p>481-67.3(2) Tenant Rights</p> <p>481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to adequately meet the treatment needs of 1 of 6 former tenants (Tenant C6). Findings follow:</p>	A 013		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 013	<p>Continued From page 1</p> <p>Record review revealed on 6/14/20 Tenant C6 was sent to the hospital. A review of the hospital records revealed at the time of admission Tenant C6 had six notable ulcers: an unstageable ulcer, 16" x 19" in the sacral/coccygeal area; a 2.5" x 6" suspected deep tissue injury in the junction of the medial thigh and gluteal crease; a 4" x 7" purple wound in the junction of her medial thigh and gluteal crease; a 2" x 3" stage 1 ulcer on her elbow; a 2.5" x 2.5" stage 1 suspected deep tissue injuries on each of her heels. Tenant C6 did not return to the program as it was decided she needed a skilled nursing facility.</p> <p>Continued record review on 11/23/20 revealed the following:</p> <p>a. On 5/30/20 she went to the emergency room for a urinary tract infection and constipation. The emergency room notes for Tenant #1 indicated she received a physical examination upon her arrival and had no appreciable lesions to her skin on 5/31/20.</p> <p>b. On 6/4/20 Health Care Coordinator #1 noted Tenant C6 had redness to her buttock and peri-area with small open areas in the peri-area which were red, moist and tender. Health Care Coordinator #1 sent a fax to Tenant C6's doctor to seek treatment orders for her on 6/4/20 but did not receive a response.</p> <p>c. On 6/10/20 Tenant C6's Medication Administration Record indicated she started receiving Aquaphor Ointment, which staff were to apply topically to her peri-area/anal area twice daily.</p> <p>d. On 6/12/20 Health Care Coordinator #1 documented Tenant C6 had some bleeding which</p>	A 013		

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A 013	<p>Continued From page 2</p> <p>was reported by staff. The area involved black eschar tissue (dead tissue which falls off of the skin) in the buttock fold, approximately 3.5 cm x 2.5 cm on the left side and 10 cm x 3 cm on the right side, according to a fax Health Care Coordinator #1 sent to Tenant C6's doctor.</p> <p>Additional record review revealed Tenant C6 had diagnoses including dementia and gonococcal infection of lower genitourinary tract, unspecified. Tenant C6 was staged at five on the global deterioration scale.</p> <p>When interviewed on 11/24/20 at 3:20 p.m. Staff C reported giving Tenant C6 a shower and seeing an open wound between the cheeks of her buttocks. She described the appearance as purple or black and "rotted." Staff C called on Health Care Coordinator #1 and Staff D to assist with showering Tenant C6 so they could also assess the wound. The Health Care Coordinator took pictures of the wound and said he was calling someone about it. Tenant C6 was unable to walk which was a big change in her condition as she had been very happy before. Tenant C6 was in significant pain. Staff C said she kept telling Health Care Coordinator #1 this was something which could kill a person, in her opinion. Staff C showed Health Care Coordinator #1 the wound on 6/11/20 or 6/12/20 after lunch but the nurse never brought down a new treatment for Tenant C6. Staff C ended up calling an ambulance to take Tenant C6 to the hospital on 6/14/20.</p> <p>When interviewed on 11/24/20 at 2:26 p.m., Staff B reported she did not work down the hallway where Tenant C6 lived; however she was aware the tenant had a skin issue on her buttocks that had grown in size and was turning into a sore.</p>	A 013		

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A 013	<p>Continued From page 3</p> <p>She heard staff members report this to Health Care Coordinator #1.</p> <p>When interviewed on 11/24/20 at 11:48 a.m., Staff D reported Tenant C6 had some redness on her buttocks and got some cream but then she noticed the tenant was acting different. Staff D told people the cream was working. The wound then got huge and had an odor. Staff D said everyone was reporting this to Health Care Coordinator #1. The Health Care Coordinator said to put an ointment on it but even after bathing Tenant C6 there was still a smell. Staff D believed other Resident Assistants reported this to him. She found it sad to talk about.</p> <p>When interviewed on 1/19/21 at 4:20 p.m. Tenant C6's physician stated the 6/4/20 fax was received by his office on 6/8/20 but the chart noted "issue not identified." Tenant C6's primary physician was then on vacation for a couple of weeks and another doctor covered for Tenant C6. A voicemail was received from Health Care Coordinator #1 on 6/10/20 at the doctor's office. The covering doctor called the Health Care Coordinator back and it was charted they discussed Tenant C6's small ulcer. On 6/12/20, the covering doctor attempted to call Health Care Coordinator #1 and left a voicemail. The Health Care Coordinator had uploaded a picture of Tenant C6's wound to the hospital's My Chart system and the covering doctor said the program should start using a mepilex dressing on the wound (this treatment was not started). Tenant C6's doctor went on to say in reviewing the information the Health Care Coordinator had provided to his colleague compared to what he saw in the picture uploaded to My Chart, the wound was insufficiently advertised by Health Care Coordinator #1. He said there was no way</p>	A 013		

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A 013	Continued From page 4 a Grade 4 ulcer could occur in 2 days (from 6/10/20 to 6/12/20). He said the ulcer must have been extremely deep when the Health Care Coordinator talked to the doctor on 6/10/20 and he should have known the Aquaphor ointment was a glaringly inadequate treatment. When interviewed the University of Iowa Hospitals and Clinics Wound/Ostomy Nurse described deep pressure tissue injuries as the type which can evolve rapidly. Deep pressure tissue injuries are their own type of injuries and aren't stageable. She also reported the damage from these types of injuries is done to the patient 24-48 hours prior to any signs being visible and they aren't reversible. Regarding the 6/4/20 fax from Health Care Coordinator #1 to Tenant C6's Physician, the nurse commented she would not have recommended the treatment to the doctor that Health Care Coordinator #1 did. She explained many nurses may not be familiar with deep pressure tissue injuries. She believed if Health Care Coordinator #1 had assessed Tenant C6 on 6/10/20, he would have seen maroon on her skin from the beginning of the deep pressure tissue injury. The Clinical Care Specialist confirmed these findings on 2/3/21 at 10:30 AM.	A 013		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program,	A 036		

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A 036	Continued From page 5 including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program did not complete an initial assessment on 1 of 1 tenants who were admitted to the program within the last four months (Tenant #2). Findings follow: Record review on 1/14/20 revealed Tenant #2 admitted to the program on 9/29/20. There was no evaluation completed prior to Tenant #2 entering the program. The Clinical Care Specialist confirmed this finding on 1/14/21 at 10:42 PM.	A 036			
A 083	481-69.26(1) Service Plans 481-69.26(231C) Service plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1)	A 083			

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A 083	<p>Continued From page 6</p> <p>and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update 4 of 12 current and former tenants' service plans as their needs changed (Tenants C1, C6, #7, #9). Findings follow:</p> <p>1) Record review on 11/23/20 revealed Tenant C1 had a service plan dated 1/3/20. The service plan identified Tenant C1 had been noted to have outbursts in his room with destructive behaviors of his own property. He did start fights with staff and residents at times. There were no interventions identified to assist staff in helping Tenant C1 to deescalate from his aggressive behaviors. He had an Incident Report dated 5/9/20 in which the tenant was sitting at a table when another tenant walked up to him. Tenant C1 then stood up, walked to this tenant and started to punch him in the face. Tenant C1 reported he got to the other tenant before the other tenant got to someone else. On 6/28/20 at 6:45 PM, Tenant C1 was observed pushing another resident to the floor with no reason identified. Tenant C1 was removed from the situation. At 7:00 PM, Resident C1 went to the same tenant's room and slammed their door. He was again moved away from the situation to calm down.</p>	A 083		

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A 083	<p>Continued From page 7</p> <p>Tenant C1's service plan was updated on 7/17/20 and staff were encouraged to redirect him when he became agitated or aggressive toward other tenants. An appointment with a geriatric psychiatrist was scheduled.</p> <p>An Incident Report on 9/27/20 revealed Tenant C1 was throwing oranges at staff and other tenants from behind the counter in the kitchen. Tenant C1 grabbed at a staff member and also urinated on the kitchen floor. Tenant C1 became aggressive on 9/28/20. He pushed a chair and backed two staff members into the corner by the kitchen.</p> <p>Tenant C1's service plan was updated on 9/29/20 but no changes were made in the section addressing cognition and mood.</p> <p>On 11/12/20, a Resident Assistant heard a commotion in the kitchen area. When she walked into the kitchen, she saw Tenant C1 with his hands around another tenant's neck. It took 10-15 seconds to get Tenant C1 to remove his hands from the other tenant's neck. On 11/20/20, Tenant C1 walked up to another tenant who was agitated and yelling. Tenant C1 shoved the other tenant in the shoulder. The other resident then punched Tenant C1 back. Staff intervened and assisted Tenant C1 out of the area. Tenant C1 had a small scratch to the right forearm. Tenant C1 was observed talking to another resident and he then hit the resident on the arm on 11/24/20 at 2:30 PM. Staff intervened and Tenant C1 calmed down and walked away. Later that evening at 6:35 PM, Tenant C1 grabbed another tenant's forearms, yelled at them all while shaking their arms. Staff reported Tenant C1 became agitated when staff intervened by swinging his arms and</p>	A 083		

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A 083	<p>Continued From page 8</p> <p>yelling at staff.</p> <p>Tenant C1's service plan was updated on 11/25/20 to address his aggression. Interventions were added to decrease the stimuli if Tenant C 1 becomes agitated. Staff were to encourage an activity in his room such as a nap, looking through clothing, or looking at pictures. They were to encourage Tenant C1 to expressing his feelings and offer reassurance as needed. They could administer medication if needed. If Tenant C1 was aggressive, they were to remove other residents from the area, attempt to redirect Tenant C1 to another room and notify the nurse of safety concerns.</p> <p>Tenant C1's service plan was updated on 11/25/20, however 6 incidents of physical aggression toward others occurred before the amendment occurred.</p> <p>The Clinical Care Specialist confirmed this finding on 2/3/21 at 10:30 AM.</p> <p>2) Tenant C6 went to the emergency room on 5/30/20 for a urinary tract infection and constipation. The emergency room notes for Tenant #1 indicated she received a physical examination upon her arrival and had no appreciable lesions to her skin on 5/31/20. Health Care Coordinator #1 noted Tenant C6 had redness to her buttock and peri-area with small open areas in the peri-area which were red, moist and tender on 6/4/20. Health Care Coordinator #1 sent a fax to Tenant C6's doctor to seek treatment orders for her on 6/4/20 but did not receive a response. According to Tenant C6's Medication Administration Record, she started receiving Aquaphor Ointment, which staff were to apply topically to her peri-area/anal area twice</p>	A 083		

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A 083	<p>Continued From page 9</p> <p>daily on 6/10/20. Health Care Coordinator #1 documented Tenant C6 had some bleeding which was reported by staff. The area involved black eschar tissue (dead tissue which falls off of the skin) in the buttock fold, approximately 3.5 cm x 2.5 cm on the left side and 10 cm x 3 cm on the right side, according to a fax Health Care Coordinator #1 sent to Tenant C6's doctor. Tenant C6 was sent to the hospital on 6/14/20. A review of the hospital records revealed at the time of admission, Tenant C6 had an unstageable ulcer, 16" x 19" in the sacral/coccygeal area. She also had a 2.5" x 6" suspected deep tissue injury in the junction of the medial thigh and gluteal crease. There was a 4" x 7" purple wound in the junction of her medial thigh and gluteal crease, a 2" x 3" stage 1 ulcer on her elbow, and 2.5" x 2.5" stage 1 suspected deep tissue injuries on each of her heels. Tenant C6 did not return to the program as it was decided she needed a skilled nursing facility.</p> <p>Tenant C6's Service Plan was not updated to reflect her change of condition.</p> <p>The Clinical Care Specialist confirmed this finding on 2/3/21 at 10:30 AM.</p> <p>3) Tenant #7 had a 90 day review dated 4/1/20 which identified he was an elopement risk and was monitored eight times a shift. Tenant #7 was noted to be extremely forgetful and aggressive at times. His physician ordered the medication, Trazodone, to assist with these conditions, which was noted to be helpful when Tenant #7 would take it. Staff would crush the medication but Tenant #7 would refuse to drink or eat anything given to him by staff. He refused all medication and cares. This same description of Tenant #7's abilities was assessed on his 6/26/20 and 9/3/20</p>	A 083		

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A 083	<p>Continued From page 10</p> <p>reviews, almost word for word. Tenant #7's service plans on those same dates identified he received 24 hour supervision and visual checks, but did not list he was an elopement risk or he needed monitored eight times a shift. His service plan identified he needed staff assistance with ordering and administration of medication. However the service plan did not list his medication was crushed or he refused medication. The service plan noted Tenant #7 was independent with eating and drinking even though the reviews documented he was refusing meals. The service plan identified he was able to bathe, groom and dress himself independently.</p> <p>The Clinical Care Specialist reported she believed staff were providing appropriate care, however the service plan did not reflect the most up to date information on 1/19/21 at 10:19 PM.</p> <p>4) Tenant #9 had an Incident Report dated 6/12/20 which noted staff heard a noise and found Tenant #9 had pushed a resident to the floor. Tenant #9 told staff the other tenant should not have touched his walker. He then kept repeating, "She should not have touched my walker". On 6/28/20, staff reported while another tenant was observed being pushed to the floor, Tenant #9 hit the tenant with his walker as he walked past them. He did not identify why he hit the other tenant. On 11/21/20, Tenant #9 was sitting in his room when another tenant walked into his room. Tenant #9 was yelling for the other tenant to get out. Staff entered the room and redirected the other tenant out. However Tenant #9 had grabbed the other tenant's wrist and was twisting it.</p> <p>A review of Tenant #9's service plans dated 7/13/20, 7/21/20 and 11/6/20 identified staff</p>	A 083		

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A 083	Continued From page 11 needed to monitor his behavior closely because he would become jealous of his special friend if other residents were around her. However, it did not address his aggressive behavior in other situations. The Clinical Care Specialist confirmed this finding on 1/19/21 at 3:57 PM.	A 083		

**Brown Deer Place
1500 1st Ave N
Coralville, Iowa 52241**

Date: 4/15/2021

Complaint Intake #: Complaint #'s 91579-A, 92892-C, 94972-C, Incident # 95191-1, and On site Infection Control Survey

Plan of Correction (POC) Submitted For:

- Investigation Date: November 23, 2020 – February 22, 2021
- Monitors: Stephanie Dodge

A. Regulatory Insufficiency: 481-67.3 **Tenant Rights:** All tenants have the following rights: To Receive care, treatment, and services which are adequate and appropriate. 481-67.3 (2) The program failed to provide adequately meet the treatment needs of 1 of 6 former tenants.

1. Elements Detailing the programs correction of the insufficiencies:

- a. RN received education on wound assessment, processes and procedures related to implementations of treatments on 6/24/2020.
- b. RN received education on 6/24/2020 related to physician notifications and un-timely responses.
- c. RN's last date of employment with the program was 9/25/2020.

2. Actions program taking to protect tenants in similar situations:

- a. Random audits will be completed weekly, and/or monthly as needed as determined by the Director/RN or designee to ensure compliance.

3. Measures taken to ensure problem does not reoccur:

- a. Director and/or designee will ensure new employees receive training on tenant rights and medication/treatment administration upon hire.

4. Program plans to monitor performance to ensure solutions are permanent:

- a. Director and/or designee will monitor that solutions implemented are in place: weekly, monthly, as needed as determined by the Director/RN or designee to ensure compliance.

B. Regulatory Insufficiency: 481-69.22(1) **Evaluation of Tenant.** 481.69.22(231C)

Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive, and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional, or a licensed practical nurse via nurse

delegation. The program did not complete an initial assessment on 1 of 1 tenant who were admitted to the program within the last 4 months.

1. Elements Detailing the programs correction of the insufficiencies:

- a. Health Care Coordinator was initially verbally counseled regarding the assessment requirements, last day of employment with Brown Deer Place was September 25, 2020.
- b. Experienced RN, Health Care Coordinator is working in the community at present. Health Care Coordinator and/or other nurse will ensure assessments and reviews of tenant's health status are completed as needed initial move in assessment, for significant changes in condition and at least every 90 days.

2. Actions program taking to protect tenants in similar situations:

- a. As resident's conditions change, service plans will be updated with their needs and preferences and change of condition comprehensive assessments will be completed as needed by the Nurse/Health Care Coordinator.

3. Measures taken to ensure problem does not reoccur:

- a. Health Care Coordinator/Nurse will ensure that evaluations are completed on residents as needed: if a change in a resident's condition is noted a comprehensive assessment including an evaluation of the tenants physical and cognitive status and updates to the plan of care will be completed to assure the needs of residents are being met.

4. Program plans to monitor performance to ensure solutions are permanent:

- a. Director/Health Care Coordinator and/or designee will monitor that solutions implemented are in place weekly, monthly, as needed, as determined by the Director/RN or designee to ensure compliance.

C. Regulatory Insufficiency: 481-69.26(1) **Service Plans.** 481-69.26(231C) Service Plans. 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the tenants specific needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. The program failed to update 4 of 12 current and former tenants' service plans as their needs changed.

1. Elements Detailing the programs correction of the insufficiencies:

- a. RN received education on wound assessment, processes and procedures related to implementations of treatments on 6/24/2020.
- b. RN received education on 6/24/2020 related Service plan updates required.
- c. RN's last date of employment with the program was 9/25/2020.
- d. Comprehensive assessments and Service Plan revision have been completed on the 3 of 12 residents who remained in the community.

2. Actions program taking to protect tenants in similar situations:

- a. Random audits will be completed weekly, and/or monthly as needed as determined by the Director/RN or designee to ensure compliance.

3. Measures taken to ensure problem does not reoccur:

- b. Director/RN or designee will ensure that evaluations are completed on residents as needed: if a change of condition is noted a comprehensive assessment and updates to the plan of care will be completed to assure the needs of residents are being met.

4. Program plans to monitor performance to ensure solutions are permanent:

- c. Director/Health Care Coordinator and/or designee will monitor that solutions implemented are in place weekly, monthly, as needed, as determined by the Director/RN or designee to ensure compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the program of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

